

VIRGINIA HIV PREVENTION EVALUATION SYSTEM

❖ Attendance Log (Group Level/GLI) ❖

PEMS-Compliant Version 2.0 – Table H

H01. Intervention Code & Name: _____

H05. This is session number: _____ of _____ **H06, H07, H08.** Date of session: ____/____/____

H10. Site _____ **H11.** Length of session: _____

H20. Activities or components of the intervention that occurred today (check all that apply)	
<div style="margin-bottom: 10px;"> <input type="checkbox"/> HIV Testing <input type="checkbox"/> Referral <input type="checkbox"/> Personalized risk assessment <input type="checkbox"/> Elicit partners <input type="checkbox"/> Notification of exposure </div> <p>Information</p> <div style="margin-bottom: 10px;"> <input type="checkbox"/> HIV/AIDS transmission <input type="checkbox"/> Abstinence/postpone sexual activity <input type="checkbox"/> Other sexually transmitted diseases <input type="checkbox"/> Viral hepatitis <input type="checkbox"/> Availability of HIV/STD counseling and testing <input type="checkbox"/> Availability of partner notification and referral services <input type="checkbox"/> Living with HIV/AIDS <input type="checkbox"/> Availability of social services <input type="checkbox"/> Availability of medical services <input type="checkbox"/> Sexual risk reduction <input type="checkbox"/> IDU risk reduction <input type="checkbox"/> IDU risk free behavior <input type="checkbox"/> Condom/barrier use <input type="checkbox"/> Negotiation/Communication <input type="checkbox"/> Decision making <input type="checkbox"/> Disclosure of HIV status <input type="checkbox"/> Providing prevention services <input type="checkbox"/> HIV testing <input type="checkbox"/> Partner notification <input type="checkbox"/> HIV medication therapy adherence <input type="checkbox"/> Alcohol and drug use prevention <input type="checkbox"/> Sexual Health <input type="checkbox"/> Other </div> <p>Demonstration</p> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Condom/barrier use <input type="checkbox"/> IDU risk reduction <input type="checkbox"/> Negotiation and communication <input type="checkbox"/> Decision making <input type="checkbox"/> Disclosure of HIV status <input type="checkbox"/> Providing prevention services <input type="checkbox"/> Partner notification <input type="checkbox"/> Other </div> <p>Practice</p> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Condom/barrier use <input type="checkbox"/> IDU risk reduction <input type="checkbox"/> Negotiation/Communication <input type="checkbox"/> Decision making <input type="checkbox"/> Disclosure of HIV status <input type="checkbox"/> Providing prevention services <input type="checkbox"/> Partner notification <input type="checkbox"/> Other </div>	<p>Discussion</p> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Sexual risk reduction <input type="checkbox"/> IDU risk reduction <input type="checkbox"/> HIV Testing <input type="checkbox"/> Other sexually transmitted diseases <input type="checkbox"/> Disclosure of HIV status <input type="checkbox"/> Partner notification <input type="checkbox"/> HIV medication therapy adherence <input type="checkbox"/> Abstinence/postpone sexual activity <input type="checkbox"/> IDU risk free behavior <input type="checkbox"/> HIV/AIDS transmission <input type="checkbox"/> Viral hepatitis <input type="checkbox"/> Living with HIV/AIDS <input type="checkbox"/> Availability of HIV/STD counseling and testing <input type="checkbox"/> Availability of partner notification and referral services </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Availability of social services <input type="checkbox"/> Availability of medical services <input type="checkbox"/> Condom/barrier use <input type="checkbox"/> Negotiation/Communication <input type="checkbox"/> Decision making <input type="checkbox"/> Providing prevention services <input type="checkbox"/> Alcohol and drug use prevention <input type="checkbox"/> Sexual Health <input type="checkbox"/> Other </div> <p>Other testing</p> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Pregnancy <input type="checkbox"/> STD <input type="checkbox"/> Viral hepatitis </div> <p>Distribution</p> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Male condoms <input type="checkbox"/> Female condoms <input type="checkbox"/> Safe sex kits <input type="checkbox"/> Safer injection/bleach kits <input type="checkbox"/> Lubricants <input type="checkbox"/> Education materials <input type="checkbox"/> Referral lists <input type="checkbox"/> Role model stories <input type="checkbox"/> Other </div> <p>Other</p> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Post-intervention follow up <input type="checkbox"/> Post-intervention booster session <input type="checkbox"/> HIV Testing history survey <input type="checkbox"/> Other (specify) _____ </div>

Please complete the accompanying Attendance Sheet

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H01. Intervention Code & Name: _____

H06, H07, H08. Date of session: ____/____/____

ATTENDANCE CHECK LIST: Complete first column at enrollment and then copy to use and place a checkmark if present at sessions.

Participant Identifier	Place a check in the box if participant is in attendance today :
	<input type="checkbox"/>
	<input type="checkbox"/>
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